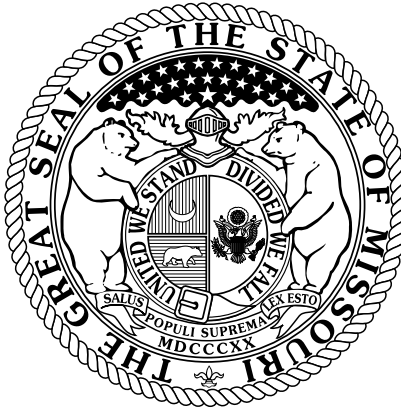




STRATEGIES FOR PREVENTING CHILD DEATHS IN MISSOURI

The Missouri Child Fatality
Review Program
Annual Report for 2001





Bob Holden, Governor
State of Missouri

Steve Roling, Director
Missouri Department of Social Services

Harry D. Williams, Director
Division of Legal Services



Printing of this report was paid for in part by a grant from

Children's Trust Fund

Missouri's Foundation for Child Abuse Prevention

1719 Southridge

Jefferson City, MO 65109

(573) 751-5147

www.ctf4kids.org

Special thanks to:
The staff at State Printing Center
Division of General Services
Office of Administration

Strategies for Preventing Child Deaths in Missouri

The Missouri Child Fatality Review Program Annual Report for 2001



Missouri Department of Social Services
Division of Legal Services

State Technical Assistance Team
2724 Merchants Drive
Jefferson City, Missouri 65109
(800) 487-1626
(573) 751-5980

E-mail: dssstat@mail.state.mo.us

Web site: www.dss.state.mo/stat/index.htm

Published April 2003



BOB HOLDEN
GOVERNOR

**MISSOURI
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LEGAL SERVICES**

P.O. BOX 1527
JEFFERSON CITY
65102-1527
TELEPHONE: 573-751-3229, FAX: 573-526-1484

RELAY MISSOURI
for hearing and speech impaired
TEXT TELEPHONE
1-800-735-2966
VOICE
1-800-735-2466

April 1, 2003

Dear Friends:

Based on the need to better understand how and why children die, Missouri's Child Fatality Review Program (CFRP) was implemented on January 1, 1992. Although the program has evolved and adapted to meet new challenges, the objectives have remained the same — identifying potentially fatal risks to infants and children, and responding with multi-level prevention strategies. While many factors can be attributable to the decrease in the death rate of Missouri children over the past decade, we believe the CFRP has made a significant contribution to this decrease.

Most states now have some form of child fatality review; however, Missouri's approach remains unique in that it is community driven with a statewide scope. The State Technical Assistance Team (STAT) manages the CFRP and also provides a comprehensive and integrated system of services and support to the entire child protection community. The 115 county-based, multidisciplinary CFRP panels can respond immediately to risks in their communities identified during the review process. What they learn is collected on standardized data collection forms and submitted to a database that identifies statewide trends and patterns, which may require policy and legislative considerations. Beyond Missouri, our program has become a national and international model.

The 2001 Child Fatality Review Program Annual Report is the result of work and contributions by the hundreds of CFRP panel members and their supporting agencies. Their work is a true expression of advocacy for Missouri's children and families.

Sincerely,


Harry D. Williams
Director

Table of Contents

MISSOURI CHILD FATALITY REVIEW PROGRAM	1
State Statutes	2
The United States Census 2000	3
SECTION ONE: MISSOURI INCIDENT FATALITIES	6
Summary of Findings: Missouri Incident Fatalities, 2001	8
Prevention Findings: The Final Report	10
SECTION TWO: ILLNESS/NATURAL CAUSE DEATHS	13
All Illness/Natural Cause Deaths	13
SIDS (Sudden Infant Death Syndrome)	16
SECTION THREE: UNINTENTIONAL INJURY DEATHS	23
Motor Vehicle Fatalities	23
Driver and Passenger Fatalities	25
Pedestrian Fatalities	26
Bicycle-related Fatalities	27
Fatalities Among Children Left Unattended In and Around Motor Vehicles	29
Unintentional Suffocation/Strangulation	30
Fire/Burn Fatalities	34
Drownings	38
Unintentional Firearm Fatalities	42
SECTION FOUR: INTENTIONAL INJURY DEATHS	45
Homicides	45
Intentional Firearm Fatalities	47
Fatal Child Abuse and Neglect	50
Suicides	58
SECTION FIVE: APPENDICES	63
Appendix One: Autopsies	63
Appendix Two: Mandated Activities for Child Fatalities	64
Appendix Three: Review Process	65
Appendix Four: Missouri Incident Child Fatalities by County 1999-2001	66
Appendix Five: Missouri Incident Child Fatalities by Age, Sex and Race 1999-2001	69
Appendix Six: Definitions of Important Terms and Variables	70
Appendix Seven: Death Certificate Manner of Death	73

Dedication

This report reflects the work of many dedicated professionals throughout the state of Missouri. Through better understanding of how and why children die, we strive to improve and protect the lives of Missouri's youngest citizens. We will always remember that each number represents a precious life lost. We dedicate this report to these children and their families.

MISSOURI CHILD FATALITY REVIEW PROGRAM

Child Death Review in Missouri

Death rates for infants, children, and teens are widely recognized as valuable measures of child well-being, particularly when viewed within the context of a decade of demographic changes in our state. However, it is the accuracy of key factors associated with child deaths that provides the basis for identifying vulnerable children and responding in ways that will protect and improve their lives. In 1995, the U.S. Advisory Board on Child Abuse and Neglect concluded that child abuse and neglect fatalities and other serious and fatal injuries to children could not be significantly reduced or prevented without more complete information about why these deaths occur and how such tragedies might be avoided. It was widely acknowledged that many child abuse and neglect deaths were underreported and/or misclassified. Scholars, professionals, and officials around the nation had agreed that a system of comprehensive Child Death Review Teams could make a major difference. In 1991, Missouri had initiated the most comprehensive child fatality review system in the nation, designed to produce an accurate picture of each child death, as well as a database providing ongoing surveillance of all childhood fatalities. The Missouri Child Fatality Review Program was presented in the Advisory Board's report as a state of the art model. While the program has evolved and adapted to meet new challenges, the objectives have remained the same—identifying potentially fatal risks to infants and children, and responding with multi-level prevention strategies.

In Missouri, all fatality data is collected by means of standardized forms and entered into a database. What is learned can be used immediately by the community where the death occurred. The sum of statewide data is used to identify trends and patterns requiring systemic solutions. The Missouri Child Fatality Review Program has succeeded in remaining effective, relevant and sustainable over 10 years. The success of the program is due in large part to the support of panel members, administrators and other professionals who do this difficult work voluntarily because they understand its importance. This work is a true expression of advocacy for children and families in our state.

Missouri legislation requires that every county in our state (including the City of St. Louis) establish a multidisciplinary panel to examine the deaths of all children under the age of 18. If the death meets specific criteria, or if requested by the coroner/medical examiner, it is referred to the county's multidisciplinary CFRP panel. The minimum core panel for each county includes: Coroner/Medical Examiner, Law Enforcement, Family Court, Emergency Medical Services, Prosecutor, Public Health and Division of Family Services. Optional members may be added at the discretion of the panel. The panels do **not** act as investigative bodies. Their purpose is to enhance the knowledge base of the mandated investigators and to evaluate the potential service and prevention interventions for the family and community.

Of all child deaths in Missouri, about 1200 deaths annually, approximately one-third merit review. To come under review, the cause of the child's death must be unclear, unexplained, or of a suspicious circumstance. All sudden, unexplained deaths of infants one week to one year of age, are required to be reviewed by the CFRP panel. (This is the only age group for which an autopsy is mandatory.)

STATE TECHNICAL ASSISTANCE TEAM AND CHILD FATALITY REVIEW PROGRAM

Missouri State Statutes

- Section 210.150 and 210.152 (Confidentiality and Reporting of Child Fatalities)
- Section 210.192 and 210.194 (Child Fatality Review Panels)
- Section 210.195 (State Technical Assistance Team - duties)
- Section 210.196 (Child Death Pathologists)
- Section 211.321; 219.061 (Accessibility of juvenile records for child fatality review)
- Section 194.117 (Sudden Infant Death); infant autopsies
- Section 58.452 and 58.722 (Coroner/Medical Examiners responsibilities regarding child fatality review)

Confidentiality Issues (RSMo 210.192 to 210.196)

A proper Child Fatality Review Program (CFRP) review of a child death requires a thorough examination of all relevant data, including historical information concerning the deceased child and his/her family. Much of this information is protected from disclosure by law, especially medical and child abuse/neglect information. Therefore, CFRP panel meetings are always closed to the public and cannot be lawfully conducted unless the public is excluded. Each CFRP panel member should confine his or her public statements only to the fact that the panel met and that each panel member was charged to implement their own statutory mandates.

In no case, should any other information about the case or CFRP panel discussions be disclosed. All CFRP panel members who are asked to make a public statement should refer such inquiries to the panel spokesperson. Failure to observe this procedure may violate Division of Family Services' regulations, as well as state and federal confidentiality statutes that contain penalties.

Individual disciplines (coroner/medical examiners, sheriff departments, prosecuting attorneys, etc.) can still make public statements consistent with their individual agency's participation in the investigation, as long as they do not refer to the specific details discussed at the CFRP panel meeting.

No CFRP panel member is prohibited from making public statements about the general purpose, nature or effects of the CFRP process. Panel members should also be aware that the legislation which established the CFRP panels provides official immunity to all panel participants.

The United States Census 2000

The first United States Census was taken in 1790. Following American independence, there was an almost immediate need for a census of the entire nation. Taking a census every ten years was required by the Constitution to ensure equal representation in the U.S. Congress. Through the years, the nation's needs and interests became more complex. This meant that there had to be statistics to help people understand what was happening and have a basis for planning. The content of the census changed accordingly. In 1810, the census included the first inquiry on the manufacture, quantity and value of products; in 1850, inquiries on social issues, such as taxation, churches, pauperism and crime were added. There were so many more inquiries of all kinds in the censuses of 1880 and 1890 that almost a full decade was needed to publish all the results.

Source: U.S. Census Bureau

Using the 2000 Census Data

Today, census information is used by national, state, and local governments to draw boundaries for legislative districts, allocate funds, and to plan, implement and assess programs and services.

While counting people seems like a relatively simple task, counting accurately is much more challenging. The most common inaccuracy in the census is missing persons. The census commonly misses some groups of people more than others. For example, city dwellers and people with lower incomes are more likely to be missed. Children are more often missed, as are people of color. To make up for these discrepancies, the Census Bureau calculates adjusted numbers, based on results from scientific samples.

Racial categories changed in the 2000 Census and may not be directly comparable to data from the 1990 Census. The 2000 Census had 15 categories and allowed respondents to pick more than one. There are sixty-three possible combinations of race and 123 possible combinations of ethnicity and race. Understanding these issues is important in using census information. Source: Kids Count Missouri

The U.S. Census Bureau began releasing reapportionment data early in 2001. Detailed data is being released continuously through the end of 2003. American citizens have unprecedented access to the 2000 Census data via the Internet. As it is released, most of the information will be available through the American Factfinder website: www.census.gov In Missouri, the Secretary of State's Office and the State Demographer in the Office of Administration provide census data analysis. Several entities perform census data analysis directly related to children's issues that can also be accessed via the Internet:

- University of Missouri, Office of Social and Economic Data Analysis (OSED), www.oseda.missouri.edu
- Citizens for Missouri's Children, www.mokids.org
- Missouri Department of Health and Senior Services, www.health.state.mo.us
- Proximity, data by school district, www.proximityone.com

The Child Population in Missouri

Detailed census data analysis is key to planning effective programs and services that protect children and improve their lives and to targeting certain areas with specific needs. Kids Count in Missouri Data Book provides details of changing dynamics across the nation that affect children and compares demographic information for Missouri with the rest of the U.S. The University of Missouri's Office of Social and Economic Data Analysis (OSED) has already produced detailed analyses of trends in our state that impact children.

We have more children than ever before in Missouri. Census data places the child population at 1,427,692, an increase of 8.5% since 1990 (slightly less than the 9.3 % increase for the population overall.) However, like the rest of the country, the percentage of older adults continues to increase; therefore, children now represent a shrinking proportion of the total population in Missouri.

In the last decade, seven counties saw declines in numbers of children greater than 10%; the City of St. Louis continues to experience population loss among all ages. Meanwhile, Stone, Christian and Taney counties showed dramatic increases (49.4, 60.4 and 67.8 percent respectively) as the Branson area continues to boom.

Missouri's children have become more racially and ethnically diverse. Children of Hispanic origin are the most rapidly increasing group. (According to the census, Hispanic is considered an ethnicity, which may be of any race.) The number of Hispanic children more than doubled during the last decade and now stands at 42,630.

In Missouri, single-parent families now account for 24.3 percent of children, up from 18.7 percent in 1990. There are more single fathers with primary custody of their children and more children living in a home maintained by a grandparent.

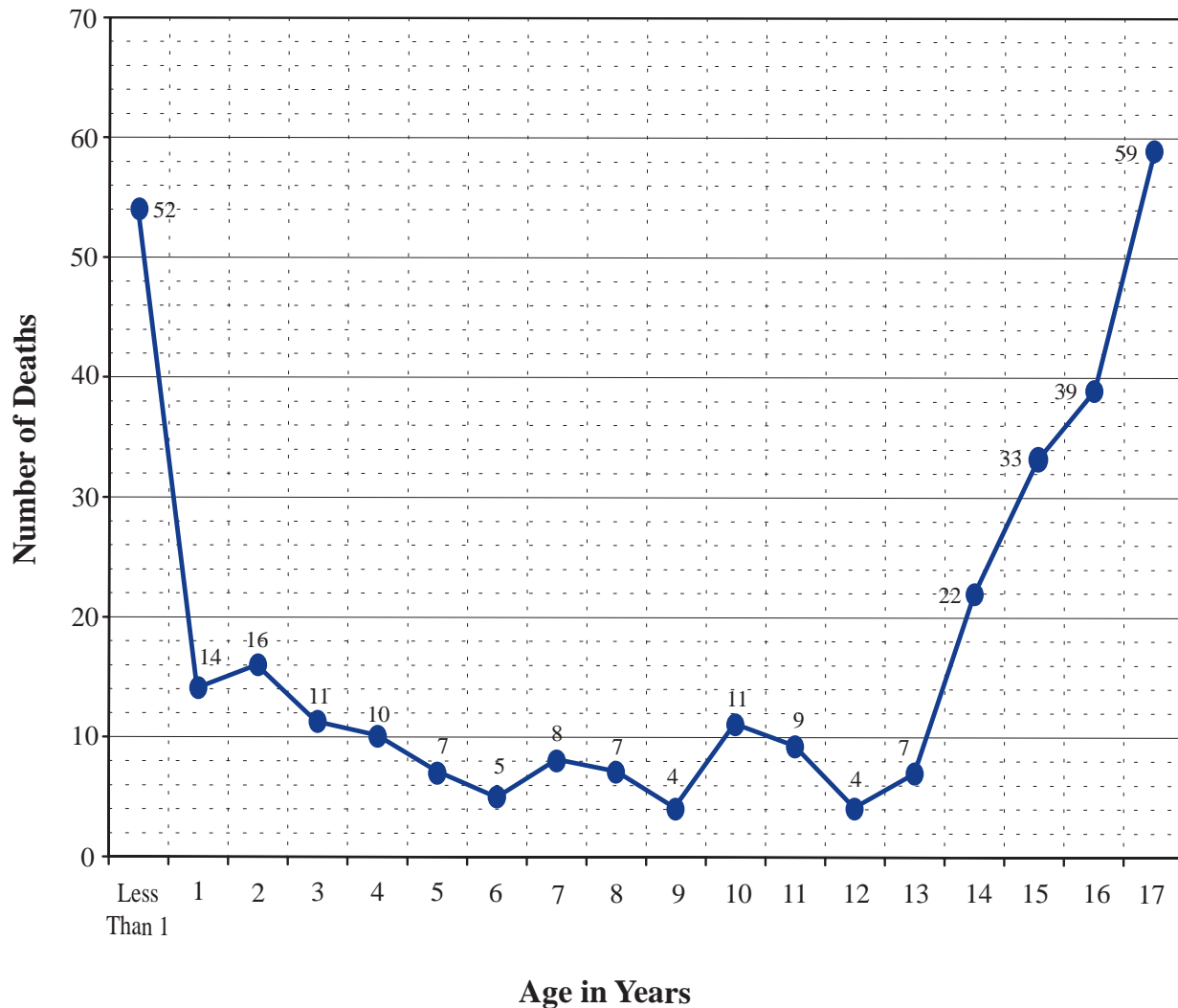
Source: OSED, Missouri Youth Database Project

Child Deaths in Missouri

Child fatalities represent the extreme of all issues that have a negative impact on children. While the number of deaths of children reported to the Child Fatality Review Program (CFRP) remained relatively stable over the past decade, the rate of child deaths has decreased. According to the Missouri Department of Health and Senior Services, the death rate for children ages 1-14 has dropped from 32.7 per 100,000 to 26.5 per 100,000 (based on five-year aggregate data, to allow for more stable rates). While there are many reasons for these decreases, certainly Missouri's Child Fatality Review Program has been a major contributing factor.

The rate of death among infants, less than one year of age, has also shown a steady decline during the last decade, from 9.6 to 7.5 per 1,000 live births, according to the Department of Health and Senior Services (also based on five-year aggregate data). Most infant deaths are related to prematurity, congenital anomalies, infection and other conditions, most of which occur with the first three days of life. Beyond illness/natural cause, infants and toddlers are especially vulnerable to fatal injury and neglect, particularly due to child abuse, unintentional suffocation, and lack of supervision.

Children Who Died In 2001 Due to Injury / Neglect



This “inverted bell” graph demonstrates the relationship between age and death among children due to injury. Infants and young children are more vulnerable to serious and fatal injury, whether intentional or unintentional, because of physical and behavioral characteristics related to growth and development. Teens, on the other hand, are prone to engage in risk-taking behaviors that contribute to death and serious injury, primarily from motor vehicle crashes. The rate of violent deaths among teens rose for a period of time in the early 1990’s, from 81.3 to 90.8 per 100,000 (ages 15-19), but declined dramatically in recent years to 58.6 per 100,000 (Missouri Department of Health and Senior Services). New state legislation requiring graduated licensing for teens took effect in January, 2001. It is anticipated that this law will significantly reduce fatal injuries among teen drivers and their passengers in Missouri, as it has in other states.